

Job Description
Alabama Indian Affairs Executive Director

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|-------------|----------|--------------------------------------|
| Salary: | \$45,000 | |
| Insurance: | 8,700 | (paid by agency to State Insurance) |
| Retirement: | 4,950 | (paid by agency to State Retirement) |

Annual and Sick Leave
12 Paid Holidays

| | |
|----------------------|-----------------|
| Total Package | \$58,650 |
|----------------------|-----------------|

Requirements:

Masters Degree and a minimum of 4 years Administrative and Supervisory Experience
or
Bachelor's Degree and a minimum of 6 years Administrative and Supervisory Experience
or
High School Diploma and a minimum of 12 years Administrative and Supervisory Experience

Helpful: Experience in working American Indian Tribes and Governmental Entities

Appointing Authority: 13 Member Board

Job Duties and Responsibilities

Chief Financial Officer

Prepare all financial reports and requirements as needed in State Government.

1. Annual Budgets
2. Annual Operations Plan
3. Annual Smart Plan
4. Quarterly Performance Reports
5. Annual Financial Statements
6. Annual Encumbrances
7. Manage Federal Grant Dollars
8. Manage Alabama Indian Scholarship Program
9. Prepare any financial forms as required by State law.
10. Write Grants.

Personnel Manager

1. Annual Staff Evaluations
2. Forms necessary for hiring purposes.
3. Leave Reports
4. Supervising and managing agency employees

Legislative Lobbyist

1. Check legislation that will affect the Commission
2. Prepare legislation to aid the Commission
3. Work with the Legislature on passing Annual Budget.

Property Manager

1. Maintain and report purchases of equipment to State auditor.
2. Maintain inventory.
3. Dispose of property

Records Retention

1. Maintain and dispose of Agency records in accordance with departmental procedures as set forth with the Department of Archives and History.
2. Preparation of an Annual Report of the Agency for the Governor, Lt. Governor, Secretary of State, Treasurer, Auditor and Legislature, as well as the general public.

Other Responsibilities as designated by the Board or necessitated by State Law. Includes, but not limited to travel in-state and out-of-state.

Mail Applications to:

Alabama Indian Affairs Commission
771 South Lawrence Street
Suite 106
Montgomery, AL 36104

Target Hire Date: June 1, 2012

APPLICATION
Alabama Indian Affairs Commission
Executive Director

ENTER SOCIAL SECURITY NUMBER BELOW

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

FULL NAME: _____
First Middle Last

ADDRESS: _____
House or Apt Number Street

City State County Zip Code

TELEPHONE NUMBER INCLUDING AREA CODE: Home () _____ Work () _____

Date of Birth _____ _____ _____ Sex (check one): () Male () Female
(Month) (Day) (Year)

RACE: (check one)
() White () Black () Hispanic () Asian of Pacific Islander () American Indian or Alaskan Native () Other

| | |
|--|---|
| EDUCATION: High School Graduate or GED? () Yes () No | CIRCLE OR BRACKET THE HIGHEST GRADE OF SCHOOL COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 |
|--|---|

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK

| Name and Location of School | Dates of Attendance | | Credit Hours | | Did You Graduate? | | Type of Degree and Date | Major |
|-----------------------------|---------------------|-------|--------------|-------|-------------------|-------|-------------------------|-------|
| | From | To | Sem. | Qtr. | Yes | No | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PROFESSIONAL LICENSE OR CERTIFICATE

| License/Certificate Issued By | Field/Trade Specialization | License/Certificate No. | Issue Date | Expiration Date |
|-------------------------------|----------------------------|-------------------------|------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LIST COURSES (AND HOURS) WHICH ARE PARTICULARLY RELATED TO THE POSITION (attach additional sheets if needed).

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CERTIFICATION STATEMENT

I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I know that any false statements may cause me to be released from employment. I further authorize the release of all relevant prior employment, military service and criminal records.

Signature _____ Date _____

List three reliable persons, not relatives or present employer, who know you well enough to give information about you.

| NAME | ADDRESS AND PHONE NUMBER | EMPLOYER |
|------|--------------------------|----------|
| | | |
| | | |
| | | |

Have you ever been involuntarily terminated, discharged, forced or asked to resign from any job? () Yes () No
If you answered **YES** to the above question, attach an explanation on a separate sheet noting any mitigating or extenuating circumstances.

Have you ever been convicted of a misdemeanor or felony crime? () Yes () No
If you answered **YES** to the above question, list in the space below all prior misdemeanor and felony convictions and any extenuating or mitigating circumstances regarding such convictions. If necessary, you may use a separate sheet or sheets and attach to application.

FAILURE TO DISCLOSE A CONVICTION MAY BE CONSIDERED AS GROUNDS FOR DISQUALIFICATION. FOR THESE REASONS, APPLICANTS SHOULD BE CAREFUL TO DISCLOSE ALL CRIMINAL CONVICTIONS.

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME' IS ATTACHED.

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Describe in detail your duties. (Attach additional sheets if needed).

| | | | | | |
|--|------------------------------|--------------------------|--------------------------------------|--|-------------------------------------|
| 1. Current or Last Employer: May we contact your employer? () Yes () No | | | | Your Official Job Title: | |
| Address: | | | | Type of Business: | |
| FROM Month Year _____ | TO Month Year _____ | Total Months _____ | Number of Hours Per Week _____ | Beginning Salary \$ _____ per _____ | Ending Salary \$ _____ per _____ |
| Number/Title of Employees You Supervised on a Continuing Basis: | | | | Equipment You Operated: | |
| Name, Title and Telephone Number of Supervisor: | | | | Reason for Leaving: | |
| Describe Your Duties in Detail: _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | | | |

| | | | | | |
|--|------------------------------|--------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| 2. Employer: May we contact your employer? () Yes () No | | | Your Official Job Title: | | |
| Address: | | | Type of Business: | | |
| FROM Month Year _____ | TO Month Year _____ | Total Months _____ | Number of Hours Per Week _____ | Beginning Salary \$_____ per _____ | Ending Salary \$_____ per _____ |

| | |
|---|-------------------------|
| Number/Title of Employees You Supervised on a Continuing Basis: | Equipment You Operated: |
| Name, Title and Telephone Number of Supervisor: | Reason for Leaving: |
| Describe Your Duties in Detail: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | |

| | | | | | |
|--|------------------------------|--------------------------|--------------------------------------|---------------------------------------|------------------------------------|
| 3. Employer: May we contact your employer? () Yes () No | | | Your Official Job Title: | | |
| Address: | | | Type of Business: | | |
| FROM Month Year _____ | TO Month Year _____ | Total Months _____ | Number of Hours Per Week _____ | Beginning Salary \$_____ per _____ | Ending Salary \$_____ per _____ |

| | |
|---|-------------------------|
| Number/Title of Employees You Supervised on a Continuing Basis: | Equipment You Operated: |
| Name, Title and Telephone Number of Supervisor: | Reason for Leaving: |
| Describe Your Duties in Detail: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | |